



MISSOURI DEPARTMENT OF REVENUE
PO BOX 100
JEFFERSON CITY, MO 65105-0100

REQUEST FOR WAIVER OF TITLE PENALTY

FORM
5105
(REV. 6-2006)

**This form must be attached to
the Application for Title.**

NAME LAST		FIRST	MIDDLE	
ADDRESS (STREET)		CITY	STATE	ZIP CODE
YEAR	MAKE	IDENTIFICATION NUMBER		
Please check the appropriate box: <input type="checkbox"/> Motor Vehicles/Motorcycles/Trailers/ATVs/Manufactured Homes I hereby state that I was unable to title the unit identified above within the 30-day period allowed by the Missouri Revised Statute, 301.190. <input type="checkbox"/> Boats/Outboard Motors I hereby state that I was unable to title the unit identified above within the 60-day period allowed by Missouri Revised Statute, 306.015.				
I request a waiver of the title penalty based on the reason indicated below: <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Act of God (Fire, Tornado, Flood, Earthquake) <input type="checkbox"/> Dealer did not provide motor vehicle title within 30 days or marine title within 60 days. <input type="checkbox"/> Previously attempted to title within last 30 days. <input type="checkbox"/> Catastrophic illness of applicant or immediate family member.				
I hereby certify under penalty of perjury that all information regarding this request is true and accurate and is made without any intent to defraud.				
SIGNATURE OF APPLICANT			DATE (MONTH, DAY AND YEAR) ____ / ____ / ____	
SIGNATURE OF DEPARTMENT OF REVENUE AGENT/MANAGER AUTHORIZING WAIVER			DATE (MONTH, DAY AND YEAR) ____ / ____ / ____	



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